

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039684

STATE FILE NUMBER

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

272

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10421

21421

3

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9331x

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1286-0

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED OCT 28 1963

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Windsor

Length of stay in 1b  
6 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Resthaven Nursing Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE Mo. b. COUNTY Henry

c. CITY OR TOWN Windsor

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
615 E. Benton St.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
William Arch Lockard

4. DATE OF DEATH  
Month Day Year  
October 21, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
3-4-1889

9. AGE (last birthday)  
74

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Shoe Factory worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Benton co., Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

James Henry Lockard

13b. MOTHER'S MAIDEN NAME

Martha Ann Mason

14. NAME OF HUSBAND OR WIFE

Carrie L. Reed Lockard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Mrs. Carrie R. Lockard/Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY  
(IMMEDIATE CAUSE) (a)

Acute Respiratory Collapse  
Acute Cerebral Vascular Accident  
Cerebral Artery Disease

INTERVAL BETWEEN ONSET AND DEATH  
2-3 hrs.  
5 hrs.  
5 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-29-51 to 10-21-63. I last saw him alive on 10-21-63. Death occurred at 5:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not write title)  
Clarence Shubert

22b. ADDRESS Windsor, Mo. 22c. DATE SIGNED 10/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
10-23-1963

23c. NAME OF CEMETERY OR CREMATORY  
Lincoln Cemetery

23d. LOCATION (City, town, or county) (State)  
Lincoln, Missouri

24. FUNERAL DIRECTOR  
Clifford Gouge Windsor, Mo.

25. DATE RECD. BY LOCAL REG.  
Oct 23 1963

26. REGISTRAR'S SIGNATURE  
Mildred Bigum

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clifford Louge*

Licensed Embalmer No.

*5014*

P. O. Address

*Windsor, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.